



Notification of Hazardous Waste Site

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

810609

IL #160 ILS-000-001-399

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name Arc Disposal Co. Inc. (transporter)
Street 5859 N. River Rd.
City Rosemont, Ill. State Ill. Zip Code 60018

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site Golf & River Rds.
Street Golf & River Rd.
City Des Plaines County Cook State Ill. Zip Code 60016

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Sanitary Improvement (operator)
Phone 823 5178
(312) [Redacted] Laneraga, Jack

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1955 To (Year) 1969

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

- 1. ☐ Organics
- 2. ☐ Inorganics
- 3. ☐ Solvents
- 4. ☐ Pesticides
- 5. ☐ Heavy metals
- 6. ☐ Acids
- 7. ☐ Bases
- 8. ☐ PCBs
- 9. ☒ Mixed Municipal Waste
- 10. ☐ Unknown
- 11. ☐ Other (Specify)

Source of Waste:

Place an X in the appropriate boxes.

- 1. ☐ Mining
- 2. ☐ Construction
- 3. ☐ Textiles
- 4. ☐ Fertilizer
- 5. ☐ Paper/Printing
- 6. ☐ Leather Tanning
- 7. ☐ Iron/Steel Foundry
- 8. ☐ Chemical, General
- 9. ☐ Plating/Polishing
- 10. ☐ Military/Ammunition
- 11. ☐ Electrical Conductors
- 12. ☐ Transformers
- 13. ☐ Utility Companies
- 14. ☐ Sanitary/Refuse
- 15. ☐ Photofinish
- 16. ☐ Lab/Hospital
- 17. ☐ Unknown
- 18. ☐ Other (Specify)

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

000054 JUN -9 81

EPA Region 5 Records Ctr.



327864

Approved
N. 2000-0138

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JUN 10 1981

Notification of Hazardous Waste

Side Two

F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet _____

gallons _____

Total Facility Area

square feet _____

acres _____

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☐ None

Unknown

Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

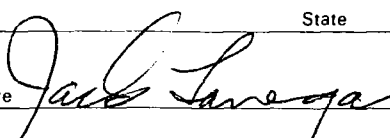
J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name **Arc Disposal Co. Inc.**Street **5859 N. River Rd.****Rosemont, Ill. 60018**

City _____ State _____ Zip Code _____

Signature

Date **6/5/81**

- ☐ Own
☐ Own
☒ Tri
☐ Of
☐ Of
☐ O

Form
OMB No.
EPA Form 85



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IL #166

ILS-000-001-124

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name Sanitary Improvement (operator)
Street 5859 N. River Rd.
City Rosemont, Ill. 60018 State Zip Code

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site Golf & River
Street Golf & River Rds.
City Des Plaines, Ill. County Cook State Ill. Zip Code 60016

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Sanitary Improvement Jack Lanenga
Phone 823 5178
General Manager Lanenga, Jack

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1955 To (Year) 1969

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JUN 10 1981

Notification of Hazardous Waste

Side Two

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gallons _____

Total Facility Area

square feet _____

acres _____

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☐ Known ☐ Suspected ☐ Likely ☐ None

unknown

Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

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J Signature and Title:

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Name SANITARY IMPROVEMENT -Street 5859-N-RIVER RD.City ROSEMONT, State ILL. Zip Code 60018Signature Jack LanengaDate 6/8/81LANENGA, JACKCORP. DISSOLVED IN
ABOUT 1970.

- ☐ Owner, Present
☐ Owner, Past
☐ Transporter
☐ Operator, Present
☒ Operator, Past
☐ Other

Facility ID NUMBER

COMPANY NAME

1	4	5	0	0	0	0	0	1	3	9	9
---	---	---	---	---	---	---	---	---	---	---	---

COMPANY ADDRESS

CITY

STATE ABUSE REV.

ZIP CODE:

1	2
---	---

CONTACT PERSON'S NAME/TITLE

TELEPHONE NUMBER (INCLUDE AREA CODE)

3	1	2
8	2	3
5	1	7
8		

CONTACT RECORD

DATE _____ CONTRACTOR'S INITIALS _____

ITEMS DISCUSSED/RESOLUTION

✓✓✓

Back Lane, General Manager at
Edward de Lee

TRILLIUM PURPUREUM

COMPANY NAME

ANY NAME
The Dispatch Co., Inc.

1	2	5	0	0	0	0	0	1	1	2	4
---	---	---	---	---	---	---	---	---	---	---	---

COMPANY ADDRESS

CITY

STATE ABBREV.

ZIP CODE:

1	7
---	---

CONTACT PERSON'S NAME/TITLE

TELEPHONE NUMBER (INCLUDE AREA CODE)

3	2	8	2	3	1	5	7	8
---	---	---	---	---	---	---	---	---

CONTACT RECORD

[illegible]